TOTAL VACCINATIONS PERFOMED BY GOP AND VOLAGS, 1988

N. W. F. P.

AGE GROUP	B.C.G.	POLIO BIRTH	POLIO I	POLIO II	POLIO III	POLIO Br	DPT I	DPT II	DPT III	DPT Br	DT I	DT II	DT Br	TT I	TT II	TT Br	MEASLES
0-11 Months	74761	22723	73568	59455	42985		72897	59700	43283								41235
12-23 Months	36254		34856	38406	37345	32503	35230	38449	37771	32343							54237
2-4 Years	77221		81770	79393		31935					81146	84408	32245				81250
Women (15-45)														197778	123874	43612	
TOTAL	188236	22723	190194	177254	80330	64438	108127	98149	81054	32343	81146	84408	32245	197778	123874	43618	176722

BALUCHISTAN

AGE GROUP	B.C.G.	POLIO BIRTH	POLIO I	POLIO II	POLIO III	POLIO Br	DPT I	DPT II	DPT III	DPT Br	DT I	DT II	DT Br	TT I	TT II	TT Br	MEASLES
0-11 Months	18094		19220	14900	10694		19220	14900	10699								8705
12-23 Months	17104		13652	10704	9572	3464	13652	10704	9572	3464							13910
2-4 Years	28291		37760	30016	27344	11805					37760	30016	11085				36085
5+ YEARS	7027																
Women (15-45)														47538	36627	6433	
TOTAL	71176		70632	55620	47616	14549	32872	25604	20271	3464	37760	30016	11085	47538	36627	6433	58732

PUNJAB

AGE GROUP	B.C.G.	POLIO BIRTH	POLIO I	POLIO II	POLIO III	POLIO Br	DPT I	DPT II	DPT III	DPT Br	DT I	DT II	DT Br	TT I	TT II	TT Br	MEASLES
0-11 Months	2766	279	2868	2186	1642	481	2868	2186	1642	481							1673
12-23 Months	1295		1598	1598	1251	425	1898	1598	1251	503							2017
2-4 Years	3621		5560	5098	3762	1367					5860	5098	1367				6355
Women (15-45)														8366	5554		
TOTAL	7682	279	10026	8882	6655	2351	4766	3884	2893	984	5860	5098	1367	8366	5554		10045

Annex III-A

AVERAGE FOR ALL DISTRICTS FOR 3 PROVINCES

	Median	Range
Children: 12-23 months of age:		
With EPI cards	61%	43-47
BCG scar	68%	45-89
From EPI cards: (Measles	44%	31-57
(DPT/OPV III	35%	10-60
(Fully immunized	22%	7-37
(Partially immunized	38%	29-50
(Total	60%	43-79
From cards & history:		
Total fully & partially immunized	79%	64-91
Measles	55%	41-68
DPT/OPV III	41%	17-73
Lost cards	17%	10-28
Source of vaccination: outreach	57%	0.5-100
Women: mothers of the children:		
With EPI cards	39%	18-63
From EPI cards: (TT2*	27%	8-48
(TT1**	12%	7-17
(Total	38%	18-63
From cards & history:		
Total, TT2 and TT1.	59%	41-84
Lost cards	29%	8-39
Source of vaccination: outreach	57%	5-93

*TT2 = fully immunized.
**TT1= 1 dose only.

Annex III-B

SUMMARY TABLE FOR RESULTS OF DISTRICT VACCINATION COVERAGE SURVEYS

PROVINCE	B A L U C H I S T A N							
DISTRICT	QUETTA	ZHOB	PIR ALIZAI	LORALAI	SURKHAB	CHAGAI	AVERAGE FOR DISTRICTS	
REFUGEE VILLAGES	MOHD KHEL 1-5	MALGAGAI 1-5	8 RVs	10 RVs	17 RVs	21 RVs	66 RVs	
Date of survey	June 88	July 88	July 88	Aug 88	Aug 88	Sept 88		
Registered population	114,713	55,228	105,296	105,041	156,374	172,032	708,684	RANGE
Children: 12-23 months of age:								
With EPI cards	62%	61%	51%	64%	58%	60%	59%	(51-64)
BCG scar	47%	65%	45%	49%	54%	54%	52%	(45-65)
From EPI cards: (Measles	51%	47%	42%	51%	42%	53%	48%	(42-53)
(DPT/OPV III	22%	46%	22%	42%	32%	40%	34%	(22-46)
(Fully immunized	15%	30%	17%	28%	23%	31%	24%	(15-31)
(Partially immunized	45%	31%	34%	36%	34%	29%	35%	(29-45)
(Total	60%	61%	51%	64%	57%	60%	59%	(51-64)
From cards & history:								
Total fully & partially immunized	75%	80%	65%	77%	70%	75%	74%	(65-80)
Measles	59%	59%	52%	57%	50%	65%	57%	(50-65)
DPT/OPV III	31%	50%	27%	48%	39%	47%	40%	(27-50)
Lost cards	13%	19%	14%	13%	12%	15%	14%	(12-19)
Source of vaccination: outreach	60%	88%	20%	90%	26%	73%	60%	(20-90)
Women: mothers of the children:								
With EPI cards	38%	31%	31%	51%	34%	35%	37%	(31-51)
From EPI cards: (TT2*	20%	22%	23%	42%	21%	28%	26%	(20-42)
(TT1++	16%	9%	9%	9%	12%	7%	10%	(7-16)
(Total	36%	31%	32%	51%	33%	35%	36%	(31-51)
From cards & history: Total, TT2 and TT1.	48%	41%	39%	66%	42%	48%	47%	(41-66)
Lost cards	10%	10%	7%	15%	8%	13%	11%	(8-15)
Source of vaccination: outreach	57%	82%	8%	93%	20%	75%	56%	(8-93)

*TT2 = fully immunized.
++TT1= 1 dose only.

SUMMARY TABLE FOR RESULTS OF DISTRICT VACCINATION COVERAGE SURVEYS, NWFP.

PROVINCE / DISTRICTS	PESHAWAR	KOHAT	HAZARA	BAJAUR/ DIR/ CHITRAL	NORTH WAZ'TAN	KURRAM	S.WAZ'N DIK BANNU	MARDAN MALAK'D SWAT	AVERAGE FOR DISTRICTS
	N. W. F. P.								
REFUGEE VILLAGES	61	18	27	38	24	33	24	22	247
Date of survey	June 88	July 88	Aug 88	Sept 88	Oct 88	Oct 88	Nov 88	Dec 88	
Registered population	508,053	231,347	215,470	325,608	184,739	347,790	217,734	176,136	2,206,877
Children: 12-23 months of age:									RANGE
With EPI cards	51%	79%	60%	68%	68%	54%	43%	74%	62 (43-79)
BCG scar	70%	84%	89%	80%	72%	65%	54%	82%	75 (54-89)
From EPI cards: (Measles	31%	42%	37%	47%	45%	43%	33%	57%	42 (31-57)
(DPT/OPV III	29%	60%	52%	48%	10%	21%	42%	37%	37 (10-60)
(Fully immunized	21%	30%	32%	37%	7%	12%	7%	23%	21 (7-37)
(Partially immunized	30%	49%	29%	33%	46%	42%	36%	50%	39 (29-50)
(Total	51%	79%	61%	70%	53%	54%	43%	74%	61 (43-79)
From cards & history:									
Total fully & partially immunized	79%	89%	91%	90%	90%	77%	64%	88%	84 (64-91)
Measles	41%	46%	49%	58%	68%	54%	50%	67%	54 (41-68)
DPT/OPV III	44%	66%	73%	62%	17%	28%	13%	43%	43 (17-73)
Lost cards	28%	10%	31%[1]	22%	22%	19%	10%	14%	20 (10-28)
Source of vaccination: outreach	0.5%	7%	16%	30%	93%	82%	100%	78%	51(.5-100)
Women: mothers of the children:									
With EPI cards	33%	49%	44%	61%	19%	33%	18%	63%	40 (18-63)
From EPI cards: (TT2*	16%	38%	37%	48%	8%	16%	8%	47%	27 (8-48)
(TT1+	13%	10%	8%	12%	11%	17%	10%	16%	12 (8-17)
(Total	29%	48%	44%	60%	19%	33%	18%	63%	39 (18-63)
From cards & history:									
Total, TT2 and TT1	72%	72%	80%	84%	51%	60%	41%	83%	68 (41-84)
Lost cards	39%	23%	36%[1]	23%	32%	27%	23%	20%	28 (20-39)
Source of vaccination: outreach	5%	29%	27%	50%	62%	85%	93%	81%	54 (5-93)

*TT2 = fully immunized.
+TT1 = 1 dose only.

[1] Includes cards held by CHW or at BHU.

SUMMARY TABLE FOR RESULTS OF DISTRICT VACCINATION COVERAGE SURVEYS

PROVINCE	PUNJAB
DISTRICT	MIANWALI
REFUGEE VILLAGES	KOT CHANDNA
Date of survey	Dec 1988
Registered population	180,131
Children: 12-23 months of age:	
With EPI cards	60%
BCG scar	69%
From EPI cards: (Measles	38%
(DPT/OPV III	25%
(Fully immunized	15%
(Partially immunized	44%
(Total	59%
From cards & history:	
Total fully & partially immunized	79%
Measles	53%
DPT/OPV III	32%
Lost cards	19%
Source of vaccination: outreach	87%
Women: mothers of the children:	
With EPI cards	39%
From EPI cards: (TT2*	24%
(TT1**	14%
(Total	38%
From cards & history:	
Total, TT2 and TT1.	56%
Lost cards	17%
Source of vaccination: outreach	89%

*TT2 = fully immunized.
**TT1= 1 dose only.

Annex IV

TRAINING ACTIVITIES FOR 1988

1. BALUCHISTAN

Training programmes in EPI for following categories of staff occurred in 1988 at provincial level:

1.	LHVs/Assistant LHVs	from 26th to 28th April 1988
2.	Medical Officers	from 3rd to 5th May 1988
3.	Dispensers	from 10th to 12th May 1988
4.	Vaccinators	from 24th to 26th May 1988
5.	EPI Supervisors	from 22nd to 23rd May 1988

District workshops were also conducted for vaccinators, assistant LHVs and female outreach workers.

2. N.W.F.P.

The following staff attended provincial training courses in EPI during 1988:

Category	Number
EPI Supervisors and Senior Vaccinators	25
Male Vaccinators	38
Female Vaccinators	60

3. PUNJAB

"On the job" training occurred for staff involved in EPI programme.

REPORT ON THE EXPANDED PROGRAMME FOR IMMUNIZATION FOR AFGHAN REFUGEE HEALTH PROGRAMME FOR 1988.

SUMMARY:

During 1988 the Expanded Programme for Immunizations was accelerated to achieve an objective of 80% vaccination coverage of children less than 2 years and women of child bearing age prior to the repatriation of the Afghan refugees. The strategy for vaccine delivery was changed to be predominantly through outreach rather than fixed centres. More health staff were involved in promotion and delivery of vaccination, additional staff were recruited particularly females, management, supervision and training were strengthened, cold chain equipment was provided as well as vehicles and supplies, detailed district vaccination coverage surveys were performed and consultants were employed to evaluate the programme and provide technical assistance. Major improvement in all aspects of the programme occurred. It is anticipated that a sustained effort by all concerned with EPI will enable the objectives to be reached in 1989.

1. Introduction:

Immunization services for Afghan refugees were provided by the provincial Ministry of Health EPI divisions in the initial stages of the refugee health programme. In 1983 and 1984 a separate cold chain was established for the Afghan refugee health programme which was not integrated with the national health service. The vaccination programme was then fully integrated into the primary health care programme being developed for health care delivery to the Afghan refugees.

By the end of 1987 the vaccination coverage was assumed to be low. The only provincial evaluations of vaccination coverage had been the determination of BCG scar rates for children under 5 years of age by Centers of Disease Control in 1984,85 and 86. In 1986 55% of children less than 5 years of age had a BCG scar. In 1987 a survey in 2 districts of Baluchistan, Saranan and Mohamad Kheil showed fully immunized rates for children 1 to 4 years of age of 28% and 11% respectively.

Generally the strategy for providing vaccination before 1988 was static, the child or woman had to come to the clinic to be vaccinated. The vaccinators were male and many women were restricted for cultural and religious reasons from attending the Basic Health Unit [BHU]. Overall, insufficient priority was given to the vaccination programme.

The policies adopted for the EPI programme did not always conform to the WHO/UNICEF policies , for example the basic policy of one sterile needle and one sterile syringe per vaccination was not followed.

Vaccine supply was inadequate with the result that since 1986 there was chronic shortage of some vaccines, particularly BCG and measles. [Refer annex 1.]

In the latter half of 1987 efforts were made to improve the programme and identify problems and inputs required. UNICEF also offered assistance for the programme at this time.

2. Objectives:

With the signing of the Geneva accord on 14 April,1988 and the repatriation of Afghan refugees a distinct possibility in the near future, the need for much higher immunization coverage became more urgent. An objective of 80% immunization coverage for children less than 2 years of age and women of child bearing age was set to occur prior to repatriation. In addition children 2-4 years of age if unimmunized would be offered vaccination.

3. Strategies:

The major change in strategy adopted in 1988 was the change from static to outreach vaccination, with teams of vaccinators going essentially house to house vaccinating eligible children and women. This would ensure that every child and woman was offered the opportunity to be vaccinated

Other strategies adopted for acceleration of the immunization programme included the strengthening of the cold chain, the employment of additional personnel including females as vaccinators and the involvement of all health personnel in the promotion of EPI. A function of the refugee community health workers had been to ensure that children under 5 years and pregnant women were vaccinated. It was decided that the community health workers would have an expanded role in assisting the outreach vaccination teams in motivation, ensuring all eligible children and women were vaccinated, and in social mobilization.

Management, supervision and training would be strengthened during the year and if considered necessary then external technical assistance would be sought. Improved planning would also occur to ensure regular and adequate supplies of necessary vaccines and equipment.

Immunization coverage by district would be assessed along with the reasons for failure of immunization in those children and women not fully vaccinated. This would provide baseline information and as well, since the data was on a district wise basis, be a management tool for the Field Supervising Medical Officer, EPI staff and Voluntary Agency personnel and assist them with planning and organizing their EPI programme. The coverage surveys would be repeated after 6-12 months to assess progress in achieving the target.

In areas with very low coverage such as the tribal areas of NWFP where it was thought that an accelerated programme would still not achieve the objective, mass campaigns were to be organized with specially recruited vaccination teams.

UNHCR personnel were to monitor the EPI programme closely and evaluation of the programme would occur through district coverage surveys, surveillance data for the targeted diseases and external consultants if considered necessary.

4. Implementation:

4.1. Overall:

During 1988 there was a major improvement in the immunization programme in all aspects and in all geographic areas with the end result that a significant increase in vaccinations performed occurred.[Refer annex 2.] The incidence of EPI targeted diseases decreased when compared to 1987.

There was a realization by health personnel during the year that immunization coverage was much lower than anticipated and that only through a major sustained effort could progress occur. The commitment of the Government health personnel as well as the Voluntary Agencies to achieving the objective has been excellent.

A brief record of the implementation in each province follows.

4.2. N.W.F.P.

A plan of action was developed in early 1988 and a key element was an assessment of the cold chain including a determination of what additional equipment was required. This review was delayed until April.

In March, Dr. M. Ledoux, a WHO short-term consultant did a one week consultancy and assisted in finalizing the methodology for the coverage surveys as well as making very constructive recommendations concerning vaccination strategies, the cold chain, and injection equipment policy. Following this consultancy the Government finally adopted for the refugee health programme the policy of one sterile needle and one sterile syringe per vaccination and stopped the standard national practise of using one syringe for multiple vaccinations.

In April, Mr. A. Bass, a consultant employed by UNICEF conducted a thorough review of the cold chain and some operational aspects of the immunization programme. He identified a number of problems, relating in particular to management and supervision of the programme. He developed a list of cold chain equipment and supplies required in order to support a major expansion of the EPI programme and recommended that a reorganization of the EPI management occur with the Deputy Director for EPI being supported by an expatriate team consisting of at least an experienced manager and a trainer. The list of equipment and supplies was submitted to UNICEF for provision as part of their assistance to the Afghan refugee health programme. The majority of the supplies arrived during the second half of 1988.

During early 1988 a major change in strategy occurred with vaccinator teams being formed to conduct mobile vaccination. Voluntary agencies were also urged to adopt this strategy. This strategy has been considered to be very effective resulting in all eligible refugees in all areas of the Refugee Villages being offered vaccination.

For vaccination, disposable needles and syringes were used and it was agreed that this would occur until such time that, there was the capacity within the FDH's office to ensure adequate training for all staff with reusable equipment, and that the accelerated programme had entered a maintenance phase.

In April, 3 teams of female vaccinators were employed to conduct mass immunization campaigns in the border tribal areas of North and South Waziristan and Kurram, where immunization coverage was known to be very low. In those areas there was a major difficulty in providing adequate health services due to difficulty in recruiting staff and high staff turnover, largely as a result of a very poor security situation. The teams were supported by local health staff and performed vaccinations until the end of 1988. The objective was to ensure that all children under 5 years of age received at least one round of immunization. In Kurram and North Waziristan this included all antigens and in South Waziristan it included only measles and BCG.

The teams had a significant positive effect motivating local health staff to be more active in vaccination and at the end of the year it was decided that the special teams would be disbanded and that regular health staff would be responsible for vaccination.

The vaccination coverage surveys commenced in late May and were completed for 8 regions by the end of the year. After each survey was completed a meeting was held at district level with concerned health personnel to discuss the results and decide what changes needed to occur to achieve the objective. The surveys were very helpful to the programme managers and field staff. A common problem found, which had not been identified before, was the giving of measles vaccine before the ninth month.

In August, Dr. Adrian Pointer, a consultant from John Snow Inc., an American organization with particular expertise relating to EPI, developed a project proposal for further strengthening of the EPI programme particularly in the areas of management, supervision, training, information handling and basic procedures. The proposal recommended attaching 2 advisory staff to the Project Director of Health for a 1 year period. At the end of the year this proposal was still under consideration by UNHCR headquarters for funding. A project agreement with UNHCR was signed mid March 1989 by JSI.

A voluntary agency AVICEN assisted the PDH during the year, in particular with cold chain maintenance and repair and training.

4.3. Baluchistan:

In late 1987 a mobile campaign strategy was developed on a trial basis and implemented in 2 districts, Mohamad Kheil and Saranan. In addition a request was made to UNICEF for EPI equipment and supplies.

During the first half of 1988 the strategy for vaccination was changed with vaccinations being performed primarily on outreach basis, with the vaccinator being assisted by other male and female outreach workers of the BHU. Vaccination continued to be offered by the BHU health staff, in particular the dispenser and the lady health visitor who were trained to administer vaccines.

During the first half of the year the equipment and supplies provided by UNICEF arrived which were essential for the accelerated programme. In addition UNICEF supplied 7 vehicles which were used for the mobile work.

A policy of reusable needles and syringes was adopted and appropriate training was provided to all EPI staff. The pressure cookers and syringes and needles were provided by UNICEF. The equipment has worked well during 1988 and has certainly not impeded the accelerated vaccination programme.

The vaccination coverage surveys commenced in May and were conducted in 6 districts over a period of approximately 3 months. They were an invaluable management tool as they identified districts which required greater input to reach the objective as well as identifying problems in implementation in the field.

There was substantial improvement during the year in management and supervision of the programme. Reporting and information systems were also strengthened.

4.4. Punjab:

In late 1987 the number of vaccinators was increased from 4 to 11 and a change in in the vaccination strategy occurred with the emphasis on mobile outreach work, with the vaccinators working in 3 teams to cover Kot Chandna, a very large refugee village.

A further reorganization occurred in November 1988 when the vaccination teams were disbanded and each vaccinator was assigned an area to cover. Supervision was also improved at this time with a medical officer being assigned to be responsible for EPI and able to devote more time to management and supervision of the programme.

The large summer migration of refugees from Punjab to the border areas of NWFP resulted in considerable disruption of the programme and reduced the contact time for vaccination during the year.

In November a coverage survey was conducted but compilation and analysis of the data could not occur until early 1989; [Refer Annex-III.]

In Dara Tang a small refugee village, Medecins Sans Frontieres [Belgium] assisted with the vaccination programme.

5. Human Resources:

5.1. Staff:

Additional staff were employed in all 3 provinces in late 1987 and during 1988, in particular female staff were employed to ensure greater access to women and children.

In NWFP 31 posts of female vaccinators were created during the year along with 2 cold chain technicians' posts.

In Baluchistan 20 posts of assistant lady health visitor were created in late 1987 and an additional 10 vaccinator posts were created in 1988.

In Punjab an additional 7 vaccinator posts were created in late 1987 and during 1988 an additional medical officer post, responsible for preventive health services including EPI was created.

5.2. Training:

During 1988 training courses for staff involved in vaccination were organized by the P.D.H.s in conjunction with UNHCR and in NWFP with AVICEN. [Refer Annex IV.]

6. Financial Resources:

The UNHCR contribution to the EPI programme in 1988 was $596,000, of which $190,000 was for the procurement of vaccine. UNICEF contributed $785,000 for vaccines,cold chain equipment, supplies, vehicles and a consultant. Voluntary agencies made also a significant contribution through the employment of staff to conduct EPI programmes.

7. Programme Assessment:

7.1. Coverage Evaluation:

As stated in the introduction no detailed data had been collected on immunization coverage prior to 1988. During 1988 vaccination coverage surveys by district were performed in all 3 provinces.[Refer annex III]. Overall the fully immunized rates for children 12-23 months were low, the average for the districts was 22% with a range of 7 to 37%. These figures are an underestimate since they are based only on the information recorded on the EPI card and an average of 17% of mothers had lost their child's card.

An average of 65% of children had a BCG scar and 79% of children were partially or fully immunized from EPI card or history. That is a high percentage of children were partially vaccinated but few children were fully vaccinated. Some of the reasons for this that were determined by the surveys were failure by the vaccinator to follow up children, measles was often given by the vaccinator before the ninth month hence lasting immunity would not be conferred and the vaccination was thus discounted for the survey, missed opportunities when the child attended the clinic and lack of knowledge in the community about the EPI schedule.

Of note is that areas with male community health worker programmes tended to have higher coverage than areas without programmes. Bajaur and Dir districts in NWFP, which together had the highest fully immunized coverage rate were among the first districts to have male CHW programmes and these have been run by the P.D.H. very effectively.

An average of 27% of mothers of the children had received at least 2 doses of tetanus toxoid and were considered to be fully immunized. This was an underestimate since some 20% of women had lost their EPI cards. From cards and history some 59% of women were fully and partially immunized.

These surveys have produced much very useful information and have been of great value as a management tool. It is planned to repeat them during 1989.

7.2. Disease Surveillance:

Surveillance for EPI targeted diseases was increased during 1988, with particular attention paid to measles. Sporadic measles cases were reported and whenever any significant number of cases were said to have occurred an investigation was conducted. These revealed major errors in reporting, usually clerical errors but occasionally misdiagnosis. For these reasons the incidence of the EPI targeted diseases has not been included in this report. Further strengthening of disease surveillance will occur in 1989. For polio, sporadic cases were reported but usually the disease had been contracted some time before, often years before and often in Afghanistan.

Neonatal tetanus cases were rarely reported as cases were usually not brought to the BHU. However based on previous Centers for Disease Control surveys it is anticipated that significant numbers of cases occurred.

8. Future:

In 1989 the major challenge will be to reach the objective of 80% vaccination coverage for children and women. The sustained effort that occurred in 1988 in all provinces will need to be maintained during the year. Policies and strategies should remain largely unchanged but more attention must be given to improving management and supervision.

In NWFP this will occur largely through the John Snow project of technical assistance to the Project Director of Health funded through UNHCR and in Baluchistan a consultant funded by UNICEF will review the EPI programme with particular focus on management and supervision systems and make recommendations to strengthen these where appropriate.

Social mobilization of refugees will continue and should increase in 1989 as more male and female refugee community health workers are trained. Increased emphasis is being placed on immunization in their training and refresher courses. Additional health education materials are being developed by Voluntary Agencies, in particular by International Rescue Committee.

UNHCR has increased funding for the EPI programme to $837,700 in 1989. The UNICEF contribution is expected to be $455,500 which will again be for vaccines, equipment, supplies, vehicles and cost of a consultant.

Assessment of the programme will occur through vaccination coverage surveys, improved disease surveillance, monitoring by UNHCR health personnel, and it is proposed that a WHO consultant evaluate the programme in the second half of 1989.

Greater coordination will occur with agencies and organizations involved in vaccination programmes in Afghanistan with a view to increased standardization of schedules and guidelines for EPI as well as sharing of materials developed for EPI and of experiences.

ANNEX I

VACCINES RECEIVED AND SUPPLIED ISLAMABAD

VACCINE	YEAR	ISSUED NWFP	ISSUED BALUCHISTAN	ISSUED PUNJAB	ISSUED TOTAL	RECEIVED UNHCR/UNICEF*
POLIO	1986	28600	14200	600	43400	25000
	1987	26395	13830	1450	41675	25000
	1988	30800	16800	2400	50000	72000 (42500)
D.P.T.	1986	16000	5500	1000	22500	15000
	1987	18700	6000		24700	28200
	1988	25000	8200	650	33850	65600 (32500)
D.T.	1986	16000	6975	1000	23975	15000
	1987	11800	10600		22400	18750
	1988	15300	10300	400	26000	28175 (12500)
T.T.	1986	18000	4500	500	23000	20000
	1987	17500	8000		25000	20000
	1988	26450	11000	650	38100	45000 (25000)
B.C.G.	1986	11200	6800	2000	20000	15000
	1987	11400	6900	1200	19500	15000
	1988	26500	13000	1620	41120	54500 (30000)
MEASLES	1986	23600	8900	1120	33620	30000
	1987	23000	11200	380	34580	30000
	1988	26000	12000	2390	40390	65500 (32500)

*UNICEF Contribution of vaccines indicated in parentheses.

UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES

CHIEF COMMISSIONERATE FOR AFGHAN REFUGEES
GOVERNMENT OF PAKISTAN

REPORT ON THE EXPANDED PROGRAMME FOR IMMUNIZATION

FOR

AFGHAN REFUGEE HEALTH PROGRAMME FOR 1988

ISLAMABAD
PAKISTAN

APRIL 1989